

CITY OF EL PASO
TRAVEL REQUEST

At Least 15 Working Days PRIOR to Travel, Complete Form and Submit To: Department Head
Within 10 Days AFTER Return Attach All Receipts and Submit To: Department Head

NAME:		EMPLOYEE NO.	POSITION/TITLE:	DEPARTMENT:	DATE SUBMITTED:			
PURPOSE OF TRAVEL:			IS VACATION/LEAVE TO BE COMBINED WITH TRAVEL? [] Yes [] No		HOURS AWAY FROM DUTY:			
DEPARTING LOCATION:								
From:			Date and Hour - Departure					
To:			Date and Hour - Arrival					
FINAL DESTINATION:								
From:			Date and Hour - Departure					
To:			Date and Hour - Arrival					
		Prior to travel fill out ESTIMATED EXPENSES			After return fill out EXPENSE REPORT			
ITEM		Expenses to be paid by P-Card	To Be Paid Directly to Vendor through Voucher	Amounts to be Paid by Employee	Expenses paid by P-Card	Paid Directly to Vendor through Voucher	Amounts Paid by Employee	
¹ TRANSPORTATION:								
Airfare		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Vehicle [] City [] Personal		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Miles:								
Rental Car		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Shuttle/Taxi		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
² LODGING AND MEALS:								
Hotel [] Per Diem [] Actual		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
# Nights _____ Rate: \$/night _____								
Meals & Incidental Expenses;		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
# Days _____ Rate: \$/day _____								
³ REGISTRATION COSTS:								
Total Cost of Seminar/Registration fees (attach copy of agenda)		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
⁴ OTHER:								
(Describe):		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Column Total		(1) \$ -	(2) \$ -	(3) Advance request \$ -	(4) \$ -	(5) \$ -	(6) \$ -	
Sum of Total Columns (1+ 2 + 3)				\$ -	Sum of Total Columns (4 + 5 + 6)		\$ -	
Account/Fund/DeptID/Class/Grant or Project :					Final Payment Reconciliation:			
APPROVALS PRIOR TO TRAVEL:					Amount owed to City (3 - 6)			\$ -
					Amount owed to Employee (6 - 3)			\$ -
Employee * :					GSA Website for hotel and meals per diem; www.gsa.gov NOTE: Receipts are required for ALL expenditures (excluding payments for per diem)			
Department Head/Budget Authority:								
DCM, CPO, CFO, Managing Director, or Asst. to CM, if applicable:								
APPROVALS AFTER TRAVEL:								
Employee * :								
Department Head/Budget Authority:								
DCM, CPO, CFO, Managing Director, or Asst. to CM, if applicable:								
* Employee signature indicates knowledge of, and agreement with, all provisions of the Travel Manual.								